

12-20-99

PTO/SB/05 (12/97)

Please type a plus sign (+) inside this box →

Approved for use through 09/30/00. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, persons are required to respond to a collection of information unless it displays a valid OMB control number



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	22379-701	Total Pages	76
First Named Inventor or Application Identifier			
Hadi PARTOVI et al., "Method and Apparatus for Electronic Commerce Using A Telephone Interface"			
Express Mail Label No.	EL341843891	US	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 65] (preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the Invention	<input type="checkbox"/> Computer Readable Copy
- Cross References to Related Applications	<input type="checkbox"/> Paper Copy (identical to computer copy)
- Statement Regarding Fed sponsored R&D	<input type="checkbox"/> Statement verifying identify of above copies
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (37 CFR 1.152) [Total Sheets 5]	8. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))
4. <input checked="" type="checkbox"/> Oath or Declaration (unsigned) [Total Pages 5]	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)	11. <input type="checkbox"/> Information Disclosure Statement (IDS)PTO-1449 [] Copies of IDS Citations
[Note Box 5 below]	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input type="checkbox"/> Small Entity [] Statement filed in prior application, Statement(s) [] Status still proper and desired
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Other:

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. 09/426,102

17. CORRESPONDING ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021971	or <input type="checkbox"/> Correspondence address below Insert Customer No. or Attach bar code label here
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
COUNTRY	TELEPHONE	FAX

SUBMITTED BY

Typed or
Printed Name

Kent R. Richardson

Signature

Reg. Number 39,443

Date December 17, 1999